

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	<i>[Signature]</i>	<i>11/2/00</i>
O.I.P.E. CLASSIFIER	<i>[Signature]</i>	<i>8</i>	<i>02-06-00</i>
FORMALITY REVIEW	<i>[Signature]</i>	<i>60126</i>	<i>2/2/01</i>
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final	Original
1	6-19-07
2	6-19-07
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50	6-19-07

Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
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